



**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT  
INSPECTION REPORT FOR  
CLASS I INJECTION WELL**

**WELL IDENTIFICATION**

Type of Inspection:	Announced		Unannounced	
Date of Inspection:		Time of Inspection (24 hour):		
Well No.:		Permit No.:		
1/4 1/4 1/4	Section	Township	South	Range E/W County
Owner/Operator:				

**INSPECTION INFORMATION**

Type of Well:	Hazardous Waste Disposal		Non-Hazardous Waste Disposal	
Injection Pressure:	Gauge	Continuous Recorder	Max. Permitted	
Annulus Pressure:	Gauge (psig)	Continuous Recorder (psi)	Min. Permitted	
Injection rate (gpm)		Annulus Seal Pot Liquid Level		
Condition of wellhead and associated lines, tanks, meters, gauges, emergency containment structure (corrosion, leakage, operational, etc.)				

**RECOMMENDATIONS OR COMMENTS**

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**PERSONNEL MET DURING INSPECTION**

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Signature of Inspector

Title

Date